

CLAIMS ONLY						Application Number		Filing Date			
						05470009					
						Applicant(s)					
* May be used for additional claims or amendments											
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		*	*	*		
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	
1							51	1			
2							52	1			
3							53	1			
4							54	X			
5							55				
6							56	1			
7							57	1			
8							58	1			
9							59	1			
10							60				
11							61	X			
12		1					62	X			
13							63				
14	1	1					64	1			
15							65				
16							66				
17							67				
18		1					68				
19	1						69				
20							70				
21		1					71				
22		1					72				
23		1					73				
24							74				
25							75				
26							76				
27							77				
28							78				
29							79				
30							80				
31	1						81				
32	1						82				
33	1						83				
34							84				
35							85				
36							86				
37							87				
38		1					88				
39		1					89				
40							90				
41		1					91				
42		1					92				
43		1					93				
44							94				
45							95				
46							96				
47							97				
48							98				
49	1	1					99				
50	1	1					100				
Total Indep	3						Total Indep				
Total Depend	18						Total Depend				
Total Claims	21						Total Claims				